REJECTED APPLICATION REVIEW GUIDE Farm Loan Programs

Applicant Name		Program Type Direct Guaranteed					
County Office	District	L	oan Type	□OL	□FO		
Credit Officer	Farm Loan Manager						
Date Received	Date Incomp Letter	Date of 10 Day letter					
Date Complete	Date Elig. Determin	Date Elig. Determin Date Final Disposition					
Direct Application Tracking Averages or Non-ALP/Non-CLP Application Tracking Averages as of							
Average Processing Days	Rcvd to Complete	Complete to Disposition		Rcvd to	Rcvd to Elig. Determin		
This Application							
County Average to Date							
State Average to Date							
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Timeliness and Processing Subject Areas		YES	NO	NA
1	Was an eligibility determination made within 30 days of a complete application?			
2	Was a final determination made within 60 days of a complete application?			
3	Was a final determination made within 45 days of a complete application?			
4	If Question 3 is "No," is the reason for delay accurately entered in the MAC system, and GLS system for guaranteed loans?			
5	If application was received incomplete, was applicant notified with proper series of letters following the time frames specified in FmHA Instruction 1910-A, Section 1910.4 (d)(3), or Paragraph 97 of FSA Handbook 2-FLP?			
6	If application was received incomplete, and applicant was sent both the 20 day incomplete letter and the second 10-day withdrawal letter, did the 10-day withdrawal letter contain the ECOA statement?			
7	Was this loan rejected for proper reasons, (i.e. lack of farm training, experience or education, inadequate repayment ability, inadequate security, etc.)?			
8	Was the reason for rejection specific and accurate, and was it supported with a citation to the applicable regulation?			
9	Did the Agency Official have the authority to reject the loan?			
10	Was the appropriate rejection letter specified in Oregon Notice FLP-40 used?			
11	Were the applicants properly notified of their reconsideration, mediation, and appeal rights within the time frame allowed?			

Timeliness and Processing Subject Areas		YES	NO	NA	
12	For those applicants who appealed, were all the procedures set forth in FSA Handbook 1-APP followed, including the appropriate time frame?				
13	Is there evidence that the applicant was rejected and provided appeal rights, rather than being encouraged to withdraw the application, when appropriate?				
14	Was this applicant file found within a file of all rejected and withdrawn applicants maintained by the County Office?				
15	Was this application mishandled or the subject of errors in processing?				
If Question 3 is "No," or the processing time is significantly different than the County or State average, describe the reasons why the decision was not made within 45 days of a complete application, and the actions to be taken to correct this untimeliness.					
17 If Question 15 is "Yes," what actions are to be taken to correct the mishandling or errors in processing?					
18	Is there any appearance that this application was the subject of disparate treatment or discrimination?				
19 Is there any appearance reflecting a pattern or practice of disparate treatment or discrimination?					
Cor	mments, findings, and responses to above questions:				

Date

Reviewer's Signature